

UNITED STATES DISTRICT COURT

for the

Northern District of California

U.S. RIGHT TO KNOW

Plaintiff(s)

v.

NATIONAL INSTITUTES OF HEALTH

Defendant(s)

Civil Action No. 4:250-cv-4490-DMR

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* National Institutes of Health
 9000 Rockville Pike
 Bethesda, Maryland 20892

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

RICHARD A. BRODY (California State Bar No. 100379)
 GREENFIRE LAW, PC
 P.O. Box 8055
 Berkeley, CA 94707

NOTE: DEFENDANT'S ANSWER IS DUE 30 DAYS FROM RECEIPT OF THIS SUMMONS, 5 U.S.C. § 552(a)(4)(C).

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 05/30/2025



MARK B. BUSBY
 CLERK OF COURT

Sheila Pugh
 Signature of Clerk or Deputy Clerk

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 4:25-cv-4490-DVR

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* National Institutes of Health
 was received by me on *(date)* 06/09/2025 .

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☒ Other *(specify)*: On June 9, 2025, I caused copies of the Summons, Complaint, Civil Cover Sheet, Judicial Assignment, Order Setting Initial CMC, ECF Reg. Info, Judge Ryu's Standing Order, All Judges Standing Order, Not. of Magistrate Assignment, Not. of Lawsuit & Waiver of Service of Summons due to be served via certified mail which was delivered on June 13, 2025.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 06/27/2025

Nuria de la Fuente

Server's signature

Nuria de la Fuente

Printed name and title

Greenfire Law, PC
2748 Adeline Street, Suite A
Berkeley, CA 94703

Server's address

Additional information regarding attempted service, etc:

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

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For delivery information, visit our website at www.usps.com®.

Bethesda, MD 20892

Certified Mail Fee \$4.85

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☐ Return Receipt (hardcopy)

☐ Return Receipt (electronic)

☐ Certified Mail Restricted Delivery

☐ Adult Signature Required

☐ Adult Signature Restricted Delivery

Postage \$3.71

\$

Total Postage and Fees

\$12.00

\$

Sent To:

National Institutes of Health

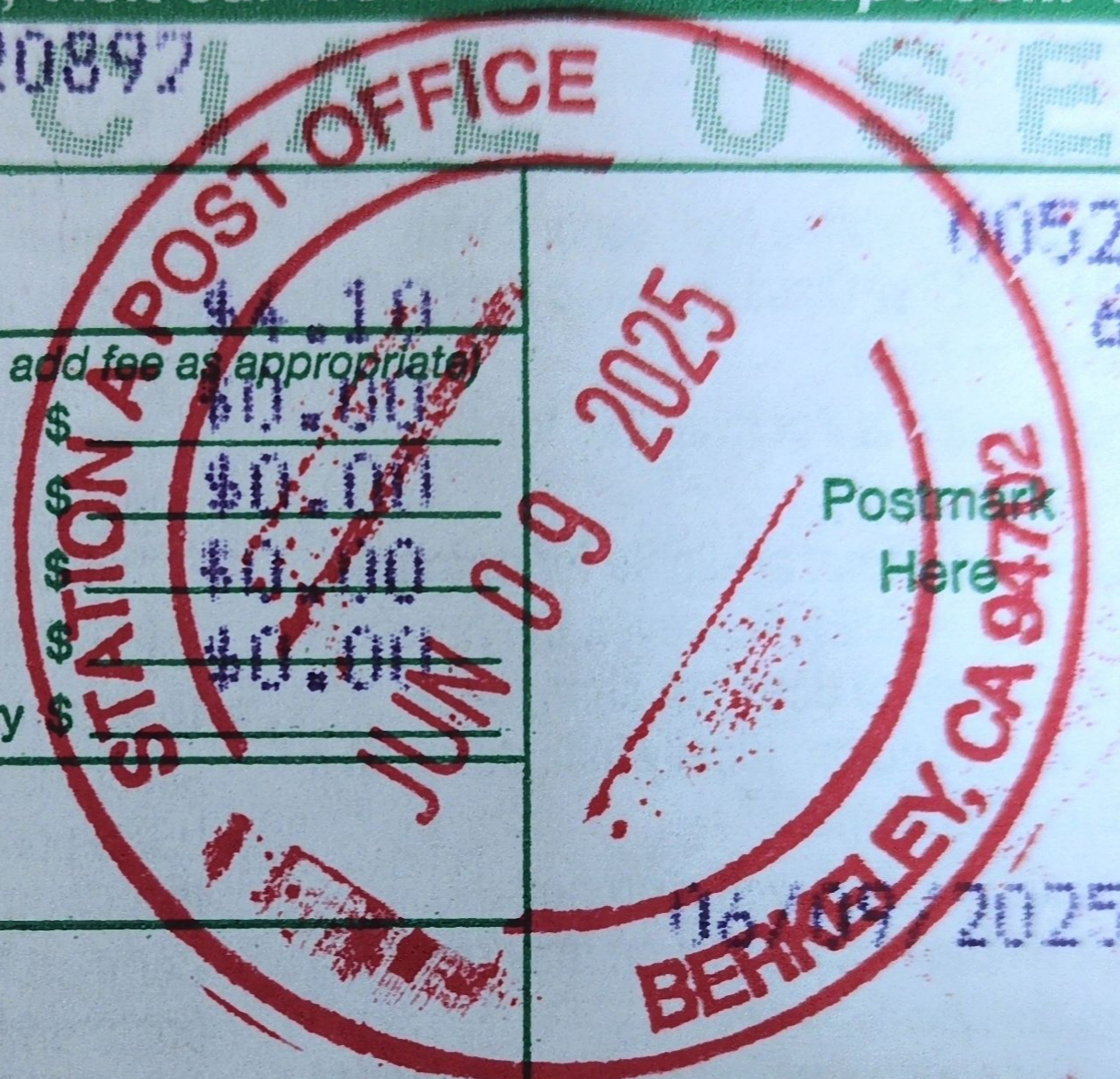
Street and Apt. No., or PO Box No.

9000 Rockville Pike

City, State, ZIP+4®

Bethesda, Maryland 20892

9589 0710 5270 0968 2839 48



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- A unique identifier for your mailpiece.
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for an electronic return receipt, see a retail associate for assistance. To receive a duplicate return receipt for no additional fee, present this USPS®-postmarked Certified Mail receipt to the retail associate.

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- Adult signature service, which requires the signee to be at least 21 years of age (not available at retail).
- Adult signature restricted delivery service, which requires the signee to be at least 21 years of age and provides delivery to the addressee specified by name, or to the addressee's authorized agent (not available at retail).
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IMPORTANT: Save this receipt for your records.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

National Institutes of Health
 9000 Rockville Pike
 Bethesda, Maryland 20892



9590 9402 8940 4064 8817 83

2. Article Number (Transfer from service label)

9589 0710 5270 0968 2839 48

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent☐ Addressee

B. Received by (Printed Name)

6-13-25

C. Date of Delivery

6-13-25

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☒ NO

Package WAS Forwarded
 to: GENERAL LAW Division
 200 Independence Ave. S.W.
 WASH., DC 20201

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
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Mail Restricted Delivery

D)



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Richard A. Brody
Greenfire Law, PC
2748 Adeline St. Ste A
Berkeley, CA 94703

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2025-00797